

1. I am competent and have personal knowledge of the facts.
2. I am a citizen of the United States of America, over the age of 18.
3. I am currently employed by _____, a provider of mental health services and supports (the “Provider”), as the _____. I have been employed in this capacity since _____, _____.
4. In my capacity as the _____, for Provider, I am familiar with the Provider’s contract with the District of Columbia Department of Mental Health (“DMH”). I am also familiar with the Provider’s financial situation and the amounts owed by DMH to the Provider for mental health services and supports rendered to members of the Dixon class during fiscal year 2005.
5. I am also familiar with the terms of the Consent Order entered into by the parties to the Dixon case on or about July ___, 2006 (the “Consent Order”). I have prepared this declaration in compliance with the requirements of the Consent Order in order to obtain expedited payment of amounts that are owed for FY 2005 services.
6. Provider has provided and continues to provide mental health services and supports to members of the Dixon class.

7. Provider submitted claims to DMH for payment prior to July 12, 2006, in accordance with DMH's claims processing procedures.
8. Provider is in danger of closing or reducing services to Dixon class members without expedited payment of amounts owed for FY 2005 services, which would cause harm to Dixon class members.
9. Provider has been unable to secure necessary alternative financing needed to sustain its current level of operations through the course of the District's approval process to issue payment for the remaining amounts due to Provider.
10. After consultation and discussion with DMH, Provider agrees to accept the amount of \$_____ as payment in full for all services rendered during FY 2005.
11. I have the authority to sign this declaration on behalf of Provider and have obtained all necessary consents and approvals from the governing board of Provider, to resolve any and all claims that Provider has against DMH with regard to FY 2005 payments.

Date

[Name of Provider Representative]